

DAILY MEAL COUNT FORM

Site Name: _____ Meal Type (circle) B L SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: _____ Date: _____

Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ❶

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250										

Total first meals served to children

❷

Second meals served to children

1 2 3 4 5 6 7 8 9 10 **Total Second Meals** +

❸

Meals served to Program adults

1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals** +

❹

Meals served to non-Program adults

1 2 3 4 5 6 7 8 9 10 **Total Non-Program Adult Meals** +

❺

TOTAL MEALS SERVED

=

❻

Total disallowed meals (damaged/incomplete and/or other non-reimbursable meals) +

❼

Total leftover meals +

❽

Total of items ❻ + ❼ + ❽ =
Item ❹ should be equal to item ❶

❾

Number of additional children requesting a meal after all available meals were served

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

 Signature

 Date